

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Rausch

Signature of Treasurer

Electronically Filed by Steven Rausch

Date

1 1

2 2

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Due to a rare error with our third-party PAC software, a recurring contribution of \$416.66 from Delia Sang, which was intended to be given to Ophthpac, was mistakenly deposited into a different bank account. This error was discovered in late October 2010. We will file amended reports from Nov 2009 through PreGeneral 2010 to reflect these receipts.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M
1 2D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		681385.49
(b) Cash on Hand at Beginning of Reporting Period	748284.97	
(c) Total Receipts (from Line 19)	61022.98	662229.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	809307.95	1343615.17
7. Total Disbursements (from Line 31)	34257.97	568565.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	775049.98	775049.98
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	39498.98	561678.84
(ii) Unitemized	21524.00	87854.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	61022.98	649533.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61022.98	649533.46
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	12696.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61022.98	662229.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61022.98	662229.68

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	859.97	17485.69	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	859.97	17485.69	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	487000.00	
24. Independent Expenditure (use Schedule E)	0.00	58704.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	898.00	5375.50	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	898.00	5375.50	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34257.97	568565.19	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34257.97	568565.19	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61022.98	649533.46
34. Total Contribution Refunds (from Line 28(d))	898.00	5375.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60124.98	644157.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	859.97	17485.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	859.97	17485.69

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Aaberg, Jr.

Mailing Address 2081 Hunters Run Northeast

City

Ada

State

MI

Zip Code

49301-9559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	9

Transaction ID: 497E959F96F056F8FC90

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Mark Alford

Mailing Address 3113 Preston Hollow Road

City

Fort Worth

State

TX

Zip Code

76109-2050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: 6DD517EC09A7B8553FC

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Omar Almallah

Mailing Address 20 Mule Road

City

Toms River

State

NJ

Zip Code

08755-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 4A92978EE4C1DD008433

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Armstrong

Mailing Address 1590 Darling Street

City

Ogden

State

UT

Zip Code

84403-0445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: F5E8696D981759E4B88

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Steven Bagan

Mailing Address 4344 20th Avenue Southwest

City

Fargo

State

ND

Zip Code

58103-7436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 1F5B81E4E410CFE1311

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dwayne Baharozian

Mailing Address Suite 201
133 Littleton Road

City

Westford

State

MA

Zip Code

01886-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 30EE074A6BD73DD90BB

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)

1064.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Birnbach

Mailing Address 2821 Northup Way
Suite 200

City State Zip Code
Bellevue WA 98004-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 4EB7A2299AAED5060AC4

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Dennis Breene

Mailing Address 3705 14th Ave

City State Zip Code
Sterling IL 61081-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 93C0AD1400DC9B6CD83

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

G. Edward Bryant, Jr.

Mailing Address 303 W Polk Avenue

City State Zip Code
West Memphis AR 72301-4262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 44319ADC9F92398DD546

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 10 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Campanella

Mailing Address 3855 Penn Avenue

City

Sinking Spring

State

PA

Zip Code

19608-1174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 64860494E68B93B8A38

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Drive

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 2286A1E44E80696CF08

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James Castner

Mailing Address Suite 301
1080 Day Hill Road

City

Windsor

State

CT

Zip Code

06095-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 52F78E64EECFE4CF767

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 11 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Rudolf Churner

Mailing Address 1501 Redbud

City

McKinney

State

TX

Zip Code

75069-3226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 190C99F2E6BAF148180

Amount of Each Receipt this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Mark Cichowski

Mailing Address PO Box 1227

City

Coupeville

State

WA

Zip Code

98239-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 72B151A36906DC58B1C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue
6th Floor

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1201.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 4C82AC4C93C43412F3E9

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

799.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

S. William Clark

Mailing Address 502 Isabella Street

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 4A88854F2FAD233FF456

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Terry Croyle

Mailing Address 2375 S Main Street

City

Moultrie

State

GA

Zip Code

31768-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 431294F6346B59E0A10D

Amount of Each Receipt this Period

30.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Leslie Cunningham

Mailing Address 1124 Weisgarber Road Suite 100

City

Knoxville

State

TN

Zip Code

37909-2686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: F0D154441A6879EE99B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

696.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Nazareth Darakjian

Mailing Address 2595 E Washington Boulevard Suite

City

Pasadena

State

CA

Zip Code

91107-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: F5561A10C86BA462273

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elliot Davidoff

Mailing Address 2170 Hayes Road

City

Granville

State

OH

Zip Code

43055-3676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 8E0FB2DF-2184-4402-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Robert Deitch, Jr.

Mailing Address 3583 Brumley Way

City

Carmel

State

IN

Zip Code

46033-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 8B5E02C1E27CF7975FA

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Paul Dunn

Mailing Address 275 Harvard Street

City

Fall River

State

MA

Zip Code

02720-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 70D45846D00E02E454A

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Judith Kay Eastman

Mailing Address 8141 W Center Rd Ste 100

City

Omaha

State

NE

Zip Code

68124-3273

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: C3BFBCEBEB16F0497A6

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City

Metairie

State

LA

Zip Code

70002-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 4D05A455A83ED30F604F

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Tina Eckhardt

Mailing Address 11 Sawgrass Drive

City

Coal Valley

State

IL

Zip Code

61240-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 9AD4799C45918D7AACC

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David Edelstein

Mailing Address 4 Brookbridge Road

City

Great Neck

State

NY

Zip Code

11021-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 37A001AC14CE979E4DB

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons Court

City

Lancaster

State

SC

Zip Code

29720-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: DC08008BE0DCB505864

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

George Fava

Mailing Address 875 Norman Drive

City

Lebanon

State

PA

Zip Code

17042-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: 1C278CE31C1606E26C9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Samuel Friedel

Mailing Address 827 Linden Avenue

City

Baltimore

State

MD

Zip Code

21201-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 68B39BB3A09CC0F1DD2

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Geoffrey Garrett

Mailing Address 1455 E Bert Kouns Loop

City

Shreveport

State

LA

Zip Code

71105-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: 8CECADB3279911B665D

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Frank Genovese

Mailing Address Suite 210

200 Medical Arts Building

City

Kittanning

State

PA

Zip Code

16201-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: 22CC41D13C531E67AA4

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

James Gessler

Mailing Address 1229 E Seminole Street

City

Springfield

State

MO

Zip Code

65804-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Transaction ID: D8B10149A99396D8AA4

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

C. Mitchell Gilbert

Mailing Address Suite 100

499 Farmington Avenue

City

Farmington

State

CT

Zip Code

06032-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: FA98A25187A68F5B9C7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Goldberg

Mailing Address 4957 38th Avenue N Suite D

City

St. Petersburg

State

FL

Zip Code

33710-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: C93AEAAF80A53E11B73

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Todd Goldblum

Mailing Address 303D Mulberry Street Northeast

City

Albuquerque

State

NM

Zip Code

87106-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 460CA94FCE12947A6B0F

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

John Douglas Goosey

Mailing Address 6545 Rutgers

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 4636AC2580CB630F5C47

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Edward Gaul

Mailing Address 251 Moosa Boulevard

City

Eunice

State

LA

Zip Code

70535-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: FBB792503FB3474D6E6

Amount of Each Receipt this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Paul Greenfield

Mailing Address 503 Broadway

City

Everett

State

MA

Zip Code

02149-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 8C5BF69FBB24EC6B0EF

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Donald Hall, Jr.

Mailing Address 3303 Indiana Avenue

City

Vicksburg

State

MS

Zip Code

39180-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: FD61AEDD06F98306D53

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

599.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Cynthia Hampton

Mailing Address Suite 204

451 Ruin Creek Road

City

Henderson

State

NC

Zip Code

27536-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 4390950DAC169C4B6AAF

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Thomas Harbin

Mailing Address 3225 Cumberland Boulevard Southeas

Suite 900

City

Atlanta

State

GA

Zip Code

30339-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: C3FF1E9FFF622AA5473

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas Harbin

Mailing Address 3225 Cumberland Boulevard Southeas

Suite 900

City

Atlanta

State

GA

Zip Code

30339-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: 0A0A8F60E779A339C64

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City

Wilmington

State

NC

Zip Code

28403-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 431A9013F503FBF12E8C

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Jeffrey Heier

Mailing Address Suite 600
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 4E7FB0788017C7576932

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Ronald Herrington

Mailing Address Suite 403
1190 N State Street

City

Jackson

State

MS

Zip Code

39202-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 69AA23E293DF620F81E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jack Holladay

Mailing Address 5108 Braeburn Drive

City

Bellaire

State

TX

Zip Code

77401-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 3F4850D1BD8DC7CF21C

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600
50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 4044BA358A5CF0EBF970

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Leslie Jones

Mailing Address Suite 2100
2041 Georgia Avenue Northwest

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 5 / 2 0 0 9

Transaction ID: 48FB95EDF986220283EB

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1441.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Kahn

Mailing Address 5881 E Sapphire Lane

City

Paradise Valley

State

AZ

Zip Code

85253-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 454CA9E253F655D067EC

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Kenneth Karlin

Mailing Address 1800 Town Center Drive Suite 317

City

Reston

State

VA

Zip Code

20190-3239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 49DA990B99E61356364C

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Keith Kellum

Mailing Address 446 Corporate Drive

City

Houma

State

LA

Zip Code

70360-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 6DE52E513A9939F2CE6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey Ketcham

Mailing Address PO Box 134

City

Red Wing

State

MN

Zip Code

55066-0134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	9

Transaction ID: 4BBB8D5B33D7BCC35409

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

David Kinsler

Mailing Address 426 W Main Street

City

Salem

State

VA

Zip Code

24153-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: 1DE388E01E0474755E4

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Klimek

Mailing Address 741 Broad Street Extension

City

Waterford

State

CT

Zip Code

06385-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 473AB542C07B761A7D91

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Knox

Mailing Address 3000 Rogers Avenue

City

Fort Smith

State

AR

Zip Code

72901-4232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 305577B8588ABD7BE18

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephen Kondash

Mailing Address Suite 300
2841 Boudinot Avenue

City

Cincinnati

State

OH

Zip Code

45238-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 479F8D5E70E267EC2186

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Karanjit Kooner

Mailing Address 5323 Harry Hines Boulevard

City

Dallas

State

TX

Zip Code

75390-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 88ECAD5F85D49BC1AF1

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

A. George Kudirka

Mailing Address 535 Jack Warner Parkway Northeast
Suite B-1

City State Zip Code
Tuscaloosa AL 35404-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: CEEA6E8A54C8A17D41F

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Henry Kwong

Mailing Address 607 Rue De Brille

City State Zip Code
New Iberia LA 70563-2169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 95F72EE6E7C40FE72EC

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City State Zip Code
Tucson AZ 85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 4EB991597C3303D966E9

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Roger Lash

Mailing Address 9 Mulberry Lane

City

White Plains

State

NY

Zip Code

10605-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 9DEE569D3AD4630CA38

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Adrian Lavina

Mailing Address 2090 Southeast Ocean Boulevard

City

Stuart

State

FL

Zip Code

34996-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 7DDAF359EEDDBAFC4D7

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert Lehner

Mailing Address 3805A Spring Street
PO Box 1677

City

Racine

State

WI

Zip Code

53405-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: E4693DA1AEBDE1F54DE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Rick Leoni

Mailing Address Suite A

203 Rue Louis XIV

City

Lafayette

State

LA

Zip Code

70508-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 40489849C979D7ABC315

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

Tucson

State

AZ

Zip Code

85718-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 492AA03889C25033CB25

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Ronald Lowery

Mailing Address #10 Hospital Circle

City

Batesville

State

AR

Zip Code

72501-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: BBC0CD56B0D335AB0E9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mary Gerard Lynch

Mailing Address 3845 Club Drive Northeast

City

Atlanta

State

GA

Zip Code

30319-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: C6D245B90A1BE52A16E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Louis Maisel

Mailing Address PO Box 547

City

New City

State

NY

Zip Code

10956-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 447494DDE3885E792025

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Timothy Malone

Mailing Address 731-F Walker Road

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 4E71B03BF11ED9B84BA5

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Benjamin Mason

Mailing Address 1110 Eagle Ridge Road

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: 4FE8A224DD0903C4246F

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

G. Philip Matthews

Mailing Address 399 Melrose Drive
Suite D

City

Richardson

State

TX

Zip Code

75080-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: C29E07FEDCD79B214BA

Amount of Each Receipt this Period

199.00

C.

Full Name (Last, First, Middle Initial)

Calvin Mein

Mailing Address 9480 Huebner Road
Suite 310

City

San Antonio

State

TX

Zip Code

78240-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	9

Transaction ID: 42388EE361797976D392

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

299.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Merritt

Mailing Address 8230 Walnut Hill Lane
Suite 508

City State Zip Code
Dallas TX 75231-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 41FD8CB4AFEC08857FF9

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Carl Migliazzo

Mailing Address 7504 Antioch Road

City State Zip Code
Overland Park KS 66204-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 6ECE8B01-20D4-4CDB-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address Suite 4
13414 Medical Complex Drive

City State Zip Code
Tomball TX 77375-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 4E7C9297F921690482A4

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Amalia Miranda

Mailing Address Building A # 700
3435 Northwest 56th Street

City State Zip Code
Oklahoma City OK 73112-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 420EBEB9C68997AD0BD3

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Paul Mitchell

Mailing Address 366 Colt Highway Route 6

City State Zip Code
Farmington CT 06032-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 37CA3C4B4A54C5C57EE

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Emily Morin

Mailing Address Suite 100
8200 Wisconsin Avenue

City State Zip Code
Bethesda MD 20814-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 71179134B7DD8947EA9

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Louis Nichamin

Mailing Address 103 Jefferson Street

City

Brookville

State

PA

Zip Code

15825-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: 517F27B21E855FC0B65

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Carolyn Oesterle

Mailing Address 2015 N Main Street

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 82CA70AD0D24BC4DC10

Amount of Each Receipt this Period

199.00

C.

Full Name (Last, First, Middle Initial)

Laura Pallan

Mailing Address 807 Timber Lane

City

Sewickley

State

PA

Zip Code

15143-8962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 4CA6A29EC8ADFCADBF24

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1724.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph Parelman

Mailing Address 3700 W. 63 Street

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	9

Transaction ID: 72A785AF-1490-4430-

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Maria Patterson

Mailing Address 12690 W North Avenue

City

Brookfield

State

WI

Zip Code

53005-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	9

Transaction ID: 4661B918025C3C45E9F3

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Cindy Penzler

Mailing Address Suite 210
6001 Southwest 6th Avenue

City

Topeka

State

KS

Zip Code

66615-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: 8DC648BA8978E697302

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Charles Peter

Mailing Address 2305 Tinkham Road

City

Akron

State

OH

Zip Code

44313-4467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 21625668-5F1B-4BE9-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William Phelps

Mailing Address Suite 217
10611 Garland Road

City

Dallas

State

TX

Zip Code

75218-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 572F8AFB96344F88340

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bryan Phillips

Mailing Address 3807 Royal Portrush Drive

City

Naperville

State

IL

Zip Code

60564-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 4B5791A46AFA2C953436

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Dante Pieramici

Mailing Address Ca Retina Consultants

515 E Micheltorena Suite C

City

Santa Barbara

State

CA

Zip Code

93103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: 29CEC32917F6B4C74A0

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

J. Enrique Piovanetti-Pietri

Mailing Address PO Box 10431

City

San Juan, Puerto R

State

FL

Zip Code

00922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 9

Transaction ID: 34233D79-F9A9-40C7-

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Stephen Powell

Mailing Address 4757 Ridgetop Drive

City

Morgantown

State

WV

Zip Code

26508-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 2491CD69D09B588219B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City

Morgantown

State

WV

Zip Code

26505-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: 409990B1D073B834E9F8

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Matthew Reed

Mailing Address 11800 Rock Landing Drive

City

Newport News

State

VA

Zip Code

23606-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Transaction ID: 47ACBC7A7FE8A575EB53

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address Suite P25
207 S Santa Anita Street

City

San Gabriel

State

CA

Zip Code

91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1268.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	9

Transaction ID: 4952A3687ADE8DCADD37

Amount of Each Receipt this Period

317.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

442.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

H. Miller Richert

Mailing Address 1750 Pine Street

City

Abilene

State

TX

Zip Code

79601-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: E59CDDBF80E04701ADF

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gregory Riffle

Mailing Address Suite 110
9485 Mentor Avenue

City

Mentor

State

OH

Zip Code

44060-8724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: E81D77B94CD9BADCE88

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Teresa Rosales

Mailing Address Suite 108
4100 Long Beach Boulevard

City

Long Beach

State

CA

Zip Code

90807-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 4BCB8DA703771614880E

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Paul Rosenberg

Mailing Address Ocusight Eye Care Center
1015 Ridge Road

City State Zip Code
Webster NY 14580-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 4B058536261A82628104

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

David Rothberg

Mailing Address 2916 Eagle Estates Circle N.

City State Zip Code
Clearwater FL 33761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 9

Transaction ID: 23EE0B33-E195-4925-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Carolyn Sakaue

Mailing Address Eye Medical Clinic of Fresno Inc
1360 E Herndon Avenue #301

City State Zip Code
Fresno CA 93720-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: A602F836F103E72FD17

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Steven Samuelson

Mailing Address 2827 N Clarkson Street

City

Fremont

State

NE

Zip Code

68025-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 4B00BF5C41D68E55225A

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Delia Sang

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 43C98EC98D38135FB71E

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Stephen Schall

Mailing Address 9100 Wilshire Boulevard
Suite 852 West

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: 1734BCE0A1A5C29F2E6

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

806.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Schultze

Mailing Address 49 North Street

City

Delmar

State

NY

Zip Code

12054-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 9

Transaction ID: 45C68F92D231B620EBEF

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Michael Scott

Mailing Address 515 Sunset Ridge

City

Dubuque

State

IA

Zip Code

52003-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 0A1FFAE0-ADBD-4A24-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jan Scruggs

Mailing Address 15 Carmel Lane

City

Little Rock

State

AR

Zip Code

72212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 5B3EBDBD-FE43-464C-

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address Suite 127

999 E Basse Road

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: 4403BCF27BCA920F75C8

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Karl Siebert

Mailing Address Suite 130

1000 E Paris Avenue Southeast

City

Grand Rapids

State

MI

Zip Code

49546-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: 28B74D71E1D085BFEBB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Eric Alfred Sieck

Mailing Address 1025 Maine Street

City

Quincy

State

IL

Zip Code

62301-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthamologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 9

Transaction ID: 63094227620DA68B0B7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Harinderjit Singh

Mailing Address Suite 201

3685 Wheeler Road

City

Augusta

State

GA

Zip Code

30909-6440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 05FE33A21D56C945DBA

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Raymond Sjaarda

Mailing Address 6569 N Charles St Suite 605

City

Towson

State

MD

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 9FB19D49-FE92-4E03-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

J. Geoffrey Slingsby

Mailing Address 240 Minnesota Street

City

Rapid City

State

SD

Zip Code

57701-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 03201068853D26E93FE

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin Smith

Mailing Address 408 S Main Street

City

Greenville

State

PA

Zip Code

16125-1773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: 4501CE836E97F15582E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Scott So

Mailing Address Suite 214
2100 Webster Street

City

San Francisco

State

CA

Zip Code

94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	9

Transaction ID: 439C85D74F565AF08DA3

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Stephen Solomon

Mailing Address 14999 Health Center Drive Suite 10

City

Bowie

State

MD

Zip Code

20716-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: BD19CE8B7E680590D2D

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Sydney Stapleton

Mailing Address 1726 Metromedical Drive

City

Fayetteville

State

NC

Zip Code

28304-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: CCBEFED972A6E4589C2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City

Mount Kisco

State

NY

Zip Code

10549-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 9

Transaction ID: 40A6A19ED759E023C5F9

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Rhoads Stevens

Mailing Address Suite 209
1329 Lusitana Street

City

Honolulu

State

HI

Zip Code

96813-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: CAB142C8DAB77E3084A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jonathan Stock

Mailing Address 703 14th Street

City

Baraboo

State

WI

Zip Code

53913-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 1D9593B2544E9E04751

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard Storm

Mailing Address 303 East Park Avenue

City

Long Beach

State

NY

Zip Code

11561-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 454C9687C875DA5918BC

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Domenic Strazzulla

Mailing Address Suite 1A1
500 Congress Street

City

Quincy

State

MA

Zip Code

02169-0917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 9AD77E1D7219E7C34A7

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)

474.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Shigemi Sugiki

Mailing Address 1380 Lusitana Street Suite 714

City

Honolulu

State

HI

Zip Code

96813-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 4E8784AB6A977538A7F0

Amount of Each Receipt this Period

100.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 109 Crosspointe Court

City

Yorktown

State

VA

Zip Code

23693-5581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 48D9A31385EE4DED1B71

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Lloyd Taustine

Mailing Address Suite 3334
1169 Eastern Parkway

City

Louisville

State

KY

Zip Code

40217-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 672228F410B8AE04773

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)

349.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Steven Thomas

Mailing Address Suite 301

632 Morrison Springs Road

City

Chattanooga

State

TN

Zip Code

37415-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 3DE9FD71C9A7BF7AEFB

Amount of Each Receipt this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Lyle Thorstenson

Mailing Address PO Box 632020

City

Nacogdoches

State

TX

Zip Code

75963-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 473EA0A14F1E6A4224A2

Amount of Each Receipt this Period

100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

E. Winston Trice

Mailing Address 400 Westhampton Station

City

Richmond

State

VA

Zip Code

23226-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 2ADE16DCC4A406659A0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

549.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Utrata

Mailing Address Suite 320

262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 4144B54887561C2D8AD0

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Daniel Vos

Mailing Address Wolfe Clinic

2020 Philadelphia Street

City

Ames

State

IA

Zip Code

50010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 73CD25177F8ED721C55

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas Peter Ward

Mailing Address 18 Old Stone Crossing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 4B628B52A61D7C586C5F

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 9

Transaction ID: 4EF9BB57509F27F7DCB8

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Joseph Wilhelm

Mailing Address 702 W Lake Lansing Road

City

East Lansing

State

MI

Zip Code

48823-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 9

Transaction ID: 4D36BB0850A4021EACC9

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Julian Williams

Mailing Address 21438 SW Christensen Ct

City

Tualatin

State

OR

Zip Code

97062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 9

Transaction ID: 06C9FC4A-3A6B-4CCC-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gerald Zaidman

Mailing Address Westchester Med Center
Macy Pavilion Room 1100

City State Zip Code
Valhalla NY 10595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: BAB7278FAB407E2A4E2

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

39498.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.	Transaction ID: 35AC03103A3B5353CDC Date of Disbursement																				
Mailing Address PO Box 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City San Francisco State CA Zip Code 94163	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank charges - 12/09 Candidate Name	<table border="1"> <tr> <td colspan="10">540.02</td> </tr> </table>	540.02																			
540.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.	Transaction ID: E1714DDCABD9EA13E58 Date of Disbursement																				
Mailing Address PO Box 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City San Francisco State CA Zip Code 94163	Amount of Each Disbursement this Period																				
Purpose of Disbursement AMEX discount - 12/09 Candidate Name	<table border="1"> <tr> <td colspan="10">319.95</td> </tr> </table>	319.95																			
319.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

SUBTOTAL of Disbursements This Page (optional)

859.97

TOTAL This Period (last page this line number only)

859.97

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Berkley for Congress	Transaction ID: 10428-7432519793510 Date of Disbursement																				
Mailing Address 3069 Conquista Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Shelley Berkley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bilirakis for Congress	Transaction ID: 60755-9856225848198 Date of Disbursement																				
Mailing Address PO Box 606	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	9												
City Tarpon Springs State FL Zip Code 34688	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Gus Michael Bilirakis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Coburn for Senate 2010	Transaction ID: 60755-4861261248588 Date of Disbursement																				
Mailing Address Post Office Box 977	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	9												
City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Tom A. Coburn	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)	Transaction ID: 10428-9166681170463 Date of Disbursement
Mailing Address 5915 Eastman Avenue Suite 100	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<input type="text" value="2000.00"/>
Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)	<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	
B. Full Name (Last, First, Middle Initial) Friends of Cliff Stearns	Transaction ID: 10428-4695703387260 Date of Disbursement
Mailing Address PO Box 308	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Silver Springs State FL Zip Code 34489	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	<input type="text" value="1000.00"/>
Candidate Name Clifford B. Stearns	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 06	
C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 60755-6735345721244 Date of Disbursement
Mailing Address PO Box 12567	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<input type="text" value="1000.00"/>
Candidate Name James E. Clyburn	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Fund for the Majority	Transaction ID: 60755-0481531023979 Date of Disbursement
Mailing Address 1212 S Victory Blvd	<div> <div>12</div> <div>17</div> <div>2009</div> </div>
City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
Purpose of Disbursement Leadership PAC Candidate Name Fund for the Majority	<div>2500.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
B. Full Name (Last, First, Middle Initial) Gingrey for Congress	Transaction ID: 10428-6404687762260 Date of Disbursement
Mailing Address PO Box U	<div> <div>12</div> <div>10</div> <div>2009</div> </div>
City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution Candidate Name John Phillip Gingrey	<div>1000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress	Transaction ID: 60755-1217309832572 Date of Disbursement
Mailing Address 103 West Broadway St, PO Box 712 200 North Main St. PO Box 712	<div> <div>12</div> <div>17</div> <div>2009</div> </div>
City Monticello State IN Zip Code 47960	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Stephen E. Buyer	<div>1000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10428-5810357928276</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10428-7950860857963</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mission Pac</p> <p>Mailing Address 1831 Bay St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name Mission Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 60755-7884942889213</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ►</p> <p>7000.00</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 10428-8508722186088 Date of Disbursement																				
Mailing Address PO Box 823047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period <div>2500.00</div>																				
Purpose of Disbursement 2010 Primary Contribution	<div>011</div>																				
Candidate Name Pete Sessions	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: 10428-5785333514213 Date of Disbursement																				
Mailing Address PO Box 713	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period <div>1000.00</div>																				
Purpose of Disbursement 2010 Primary Contribution	<div>011</div>																				
Candidate Name Peter J. Roskam	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Russ Carnahan in Congress Committee	Transaction ID: 60755-2326623797416 Date of Disbursement																				
Mailing Address 7000 Chippewa St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	9												
City St Louis State MO Zip Code 63123	Amount of Each Disbursement this Period <div>1000.00</div>																				
Purpose of Disbursement 2010 Primary	<div>011</div>																				
Candidate Name Russ Carnahan	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<div>4500.00</div>																				
TOTAL This Period (last page this line number only)																					

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Shore Pac Mailing Address PO Box 3157	Transaction ID: 10428-8291894793510 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2009</div> </div>
City Long Branch State NJ Zip Code 07740 Purpose of Disbursement 2010 Primary Contribution Candidate Name Shore Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/Type
B. Full Name (Last, First, Middle Initial) Sooners United for Leadership, Loyalty and You (SULLY) Fund Mailing Address PO Box 650552 City Potomac Falls State VA Zip Code 20165 Purpose of Disbursement Leadership Pac Candidate Name Sooners United for Leadership, Loyalty and You (SULLY) Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 60755-8208429217338 Date of Disbursement <div> <div>12</div> <div>17</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/Type
C. Full Name (Last, First, Middle Initial) Virginia Foxx for Congress Mailing Address PO Box 1100 City Clemmons State NC Zip Code 27012 Purpose of Disbursement 2010 Primary Candidate Name Virginia Foxx Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 05 Contribution	Transaction ID: 60755-1540796160697 Date of Disbursement <div> <div>12</div> <div>17</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

32500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jose Briones, Jr.</p> <p>Mailing Address 130 W Route 66 Ste 202</p> <p>City Glendora State CA Zip Code 91740-6251</p> <p>Purpose of Disbursement Refund of 12/18/09 Monetary Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 73B8F176A74DE19A3F3</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 199.00</p> <p>010 Category/ Type</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Keith Kellum</p> <p>Mailing Address 446 Corporate Dr</p> <p>City Houma State LA Zip Code 70360-2461</p> <p>Purpose of Disbursement Refund of 12/18/09 Monetary Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8397CF523FA7106A516</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>010 Category/ Type</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ahmed Nasrullah</p> <p>Mailing Address 924 Towlston Rd</p> <p>City Mc Lean State VA Zip Code 22102-1025</p> <p>Purpose of Disbursement Refund of 12/18/09 Monetary Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 790698FA58797026558</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 199.00</p> <p>010 Category/ Type</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ►</p>		<p>898.00</p>
<p>TOTAL This Period (last page this line number only) ►</p>		<p>898.00</p>